DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 0 — 0 1 8

2. STATE: GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2000

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.201, 302;1902(a)(13)(E)

7. FEDERAL BUDGET IMPACT:
a. FFY 2001 $ 69,679,928
b. FFY 2002 $ 23,098,276

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.19-B, p. 7
SUPPLEMENT TO ATTACHMENT 4.19-B, p. 3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
ATTACHMENT 4.19-B, p. 7
SUPPLEMENT TO ATTACHMENT 4.19-B, p. 3a

10. SUBJECT OF AMENDMENT:
PAYMENT OF MEDICARE PART A & PART B
DEDUCTIBLE/COINSURANCE INPATIENT HOSPITAL AND AMBULANCE SERVICES

GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Gary B. Redding

14. TITLE:
Director, Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:
Georgia Community Health
Division of Medical Assistance
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 29, 2000

18. DATE APPROVED:
January 30, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Eugene A. Crasner

22. TITLE:
Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SE URITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE: GEORGIA

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
FOR OTHER TYPES OF CARE OR SERVICES

Item: Q . Payment of Title XVIII Part A and Paart B Deductible/Coinsurance

Except for a nominal recipient copayment, if applicable, the Medicaid agency may use the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare-QMB Individual
Part A Deductible	X Limited to State Plan Rate*	x Limited to State Plan Rate*	X Limited to State Plan Rate*
	__ Full Amount	__ Full Amount	__ Full Amount
Part A Coinsurance	X Limited to State Plan Rate*	X Limited to State Plan Rate*	X Limited to State Plan Rate*
	__ Full Amount	__ Full Amount	__ Full Amount
Part B Deductible	X Limited to State Plan Rate*	X Limited to State Plan Rate*	X Limited to State Plan Rate*
	__ Full Amount	__ Full Amount	__ Full Amount
Part B Coinsurance	X Limited to State Plan Rate*	X Limited to State Plan Rate*	X Limited to State Plan Rate*
	__ Full Amount	__ Full Amount	__ Full Amount

* For those Title XVIII services not otherwise covered by the Title XIX State Plan, the Medicaid agency has established reimbursement methodologies as described in Items 2 and 3, specified on page 1 of Attachment 4.19-B.

OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SE URITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE: GEORGIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
FOR OTHER TYPES OF CARE OR SERVICES

Payment of Medicare Part A and Paart B Deductible/Coinsurance

4. Inpatient Hospital Services

Effective with dates of payment of October 16, 2000 and after, the maximum allowable payment to enrolled Georgia and non-Georgia hospitals for Medicare inpatient deductibles and coinsurance (crossover claims) will be the hospital-specific Medicaid DRG rate. The maximum allowable payment to non-Georgia hospitals not enrolled in the Georgia Medicaid program for Medicare inpatient crossover claims will be the weighted average hospital-specific inpatient per case rate for enrolled non-Georgia hospitals.

5. Ambulance Services

For Medicare crossover claims, no payment will be made by Medicaid unless the Medicaid maximum allowable for the service exceeds the payment made by Medicare.